

Name  
in  
Full

Eleanor H. Blades

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

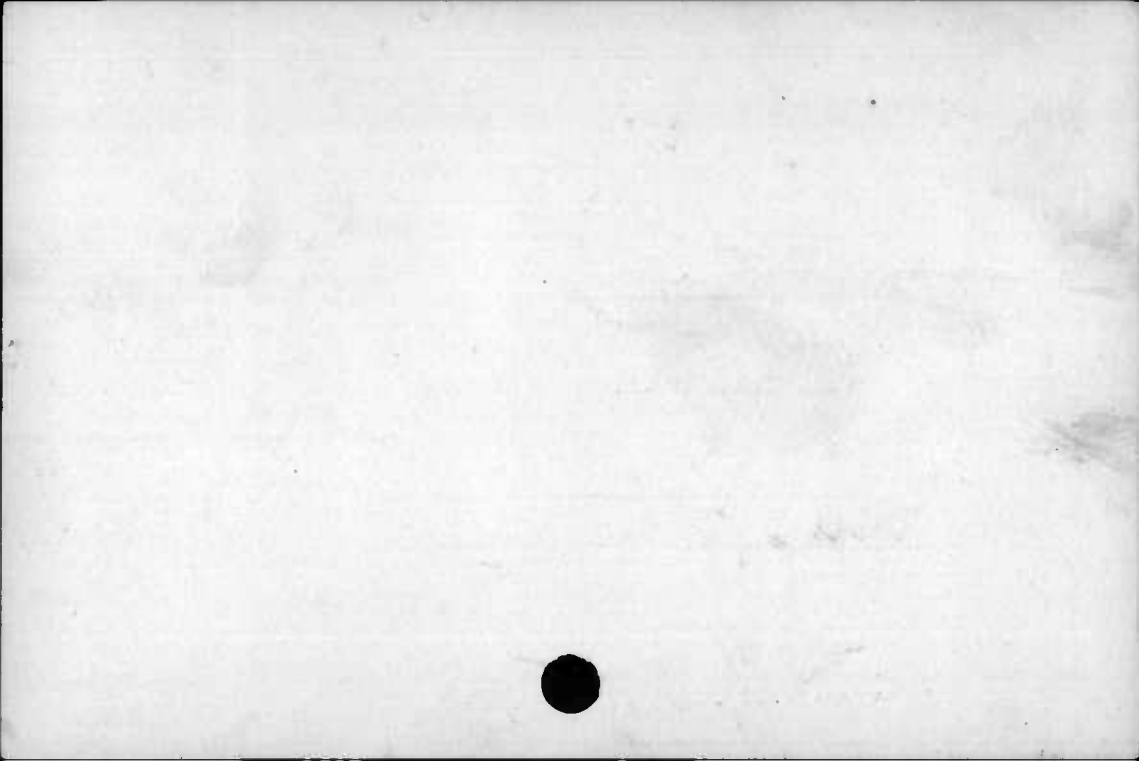
MARYLAND

Died at *St. Michaels* <sup>Town</sup> *Talbot* <sup>County</sup>Date of death *1908* <sup>Month</sup> *April* <sup>Day</sup> *17* <sup>Years</sup> *78* <sup>Months</sup> *1* <sup>Days</sup> *4*Sex *Female* Color or Race *White* Birth-place *Talbot Co.*Occupation *House work* Where Residing if not at place of deathMarried, Single or Widowed *Widowed* Name of Wife or Husband *John W. Blades*Father's Name *James C. Hambleton* Father's Birthplace *Talbot Co.*Mother's Maiden Name *Elizabeth Rathell* Mother's Birthplace *Talbot Co.*Name of person giving information *Anna E. Radcliffe* How related to deceased *Daughter*

## CAUSES OF DEATH

64

PHYSICIAN  
OR CORONERPrimary *Cerebral Hemorrhage* How long *Two days*Immediate *Cardiac Failure*Are the name, age, sex, color, date and place correctly given above? *Yes*Signature of Physician *J. S. Loper M.D.*Address *St. Michaels*Accident or Suicide? *No* *MD*



Name in Full <b>Francis J. Callahan</b>		CERTIFICATE OF DEATH	
Town <b>Lerrystown</b>		County <b>Talbot</b>	
Died at		MARYLAND	
Date of death <b>1908</b>	Month <b>April</b>	Day <b>23</b>	Age <b>2</b>
Sex <b>Male</b>	Color or Race <b>White</b>	Months <b>9</b>	Days
Occupation	Birth-place <b>Lerrystown</b>		
Where Residing if not at place of death			
Married, Single or Widowed <b>Single</b>	Name of Wife or Husband		
Father's Name <b>Mr. Callahan</b>	Father's Birthplace <b>Md</b>		
Mother's Maiden Name <b>Francis Maher</b>	Mother's Birthplace		
Name of person giving information <b>Mr. Callahan</b>	How related to deceased <b>Father</b>		
CAUSES OF DEATH			
Primary <b>Diphtheria</b>	How long		
Immediate <b>Diphtheria infection Exhaustion</b>	How long <b>Two days</b>		
Are the name, age, sex, color, date and place correctly given above? <b>Yes</b>	Signature of Physician <b>J. D. Ford</b>		
Accident or Suicide?	Address <b>Cozadon Md</b>		

0170110116

Name  
in  
Full

Emma Carter

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Died at <u>Easton</u> <sup>Town</sup>		<u>Taylor</u> <sup>County</sup>			
Date of death <u>1908</u> <sup>Month</sup> <u>April</u> <sup>Day</sup> <u>5</u>		Age <u>45</u> <sup>Years</sup>		Months <u>  </u> Days <u>  </u>	
Sex <u>Female</u>		Color or Race <u>Black</u>		Birth-place <u>Easton</u>	
Occupation <u>Book</u>		Where Residing if not at place of death <u>X</u>			
<del>Married, Single or Widowed</del>		Name of Wife or Husband <u>Frances Carter</u>			
Father's Name <u>James Grant</u>		Father's Birthplace <u>Leeds</u>			
Mother's Maiden Name <u>X Not Known</u>		Mother's Birthplace <u>Leeds</u>			
Name of person giving information <u>Miss Gales</u>		How related to deceased <u>daughter</u>			

## CAUSES OF DEATH

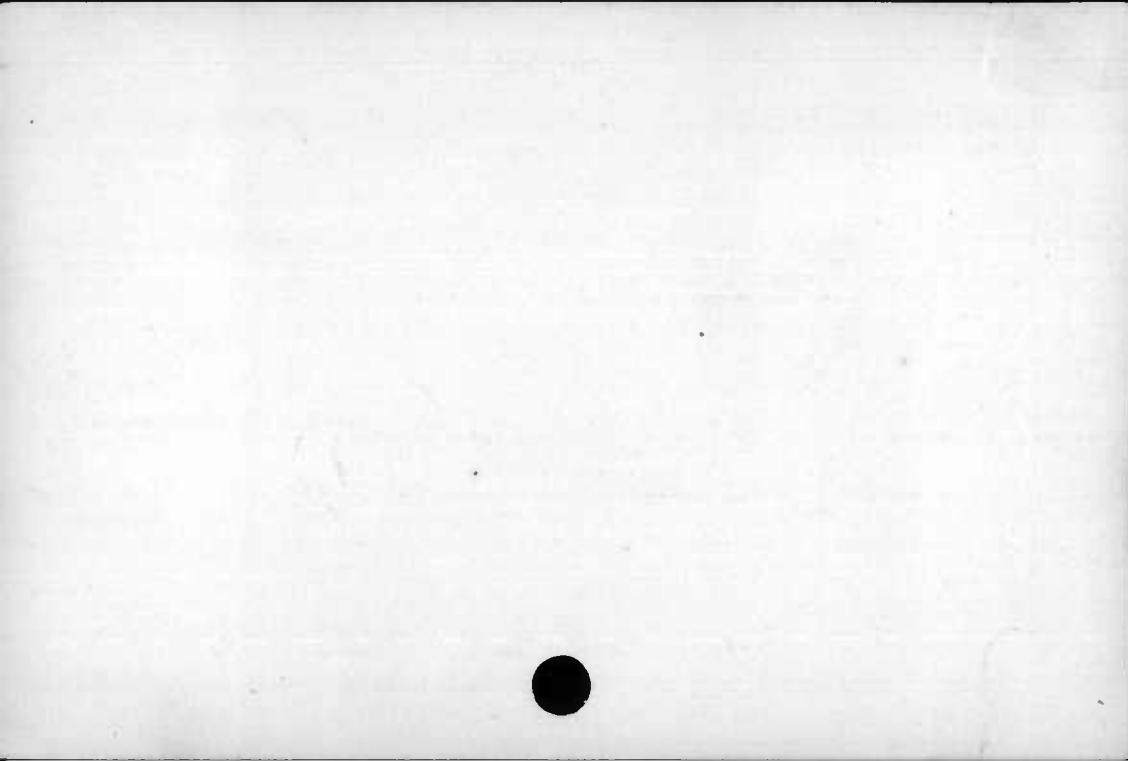
79

PHYSICIAN  
OR CORONER

Primary <u>Acute Regurgitation</u>	How long <u>one month</u>
Immediate <u>Cardiac Asthenia</u>	How long <u>two weeks</u>
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>	Signature of Physician <u>P. L. T. ...</u>
<u>  </u>	Address <u>Easton. Md.</u>
Accident or Suicide? <u>  </u>	



Name in Full		Certificate of Death			
TO BE ANSWERED BY NEAREST FRIEND		Died at <u>Fairbank</u> <sup>Town</sup>		<u>Dakota</u> <sup>County</sup>	
		Date of death <u>1908</u> <sup>Month</sup> <u>April</u> <sup>Day</sup> <u>25</u> <sup>Years</sup> <u>13</u>		<sup>Months</sup> <u>11</u> <sup>Days</sup> <u>27</u>	
		Sex <u>Female</u>	Color or Race <u>White</u>	Birth-place <u>Fairbank</u>	
		Occupation <u>—</u>	Where Residing if not at place of death <u>Fairbank Ind</u>		
		Married, Single or Widowed <u>Single</u>	Name of Wife or Husband <u>—</u>		
PHYSICIAN OR CORONER		Father's Name <u>George Albert Cunningham</u>		Father's Birthplace <u>Fairbank Ind</u>	
		Mother's Maiden Name <u>Attie Duncan</u>		Mother's Birthplace <u>Holland Ind</u>	
		Name of person giving information <u>George Cunningham</u>		How related to deceased <u>Father</u>	
		CAUSES OF DEATH <u>1</u>			
PHYSICIAN OR CORONER		Primary <u>Typhoid Fever</u> <input checked="" type="checkbox"/>		How long <u>19 days</u>	
		Immediate <u>Typhoid Fever</u>		How long <u>19 days</u>	
		Are the name, age, sex, color, date and place correctly given above? <u>yes</u>		Signature of Physician <u>S. Kennedy Wilson</u>	
		Accident or Suicide? <u>no -</u>		Address <u>Lilghman Ind</u>	



Name in Full		Maria Josephine Dean				CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND		Died at		Town		County		
		St Michaels		Talbot		MARYLAND		
		Date of death		Month	Day	Years	Months	Days
		1908		Apr.	25	68	7	0
		Sex		Color or Race		Birth-place		
		Female		White		near Royal Oak Md		
TO BE ANSWERED BY NEAREST FRIEND		Occupation		Where Residing if not at place of death				
		Housewife						
		Married, Single or Widowed		Name of Wife or Husband				
		Married		John W Dean				
		Father's Name		Father's Birthplace				
		Stephen Denny		Talbot Co.				
TO BE ANSWERED BY NEAREST FRIEND		Mother's Maiden Name		Mother's Birthplace				
		Maria Maynard		Cedar Point near Royal Oak				
		Name of person giving information		How related to deceased				
		Addie M Dean		Daughter				
		CAUSES OF DEATH		120				
PHYSICIAN OR CORONER		Primary		How long				
		Chronic Nephritis		Several years				
		Immediate		How long				
		Cardiac Failure						
		Are the name, age, sex, color, date and place correctly given above?		Signature of Physician				
		Yes		J. St. John M.D.				
Accident or Suicide?		Address		St Michaels				
				Md.				
No								



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Trappe</i>		County <i>Talbot</i>		MARYLAND	
Date of death	190 <i>8</i>	Month <i>April</i>	Day <i>13</i>	Age <i>85</i>	Months Days
Sex <i>Male</i>	Color or Race <i>Negro</i>		Birth- place <i>Trappe</i>		
Occupation <i>Farm hand</i>	Where Residing if not at place of death <i>Trappe</i>				
Married, Single or Widowed	Name of Wife or Husband				
Father's Name <i>Unknown</i>	Father's Birthplace <i>Unknown</i>		Mother's Birthplace <i>Unknown</i>		
Mother's Maiden Name <i>Unknown</i>	Name of person giving Information <i>F. Fletcher Cooper</i>		How related to deceased <i>none</i>		

## CAUSES OF DEATH

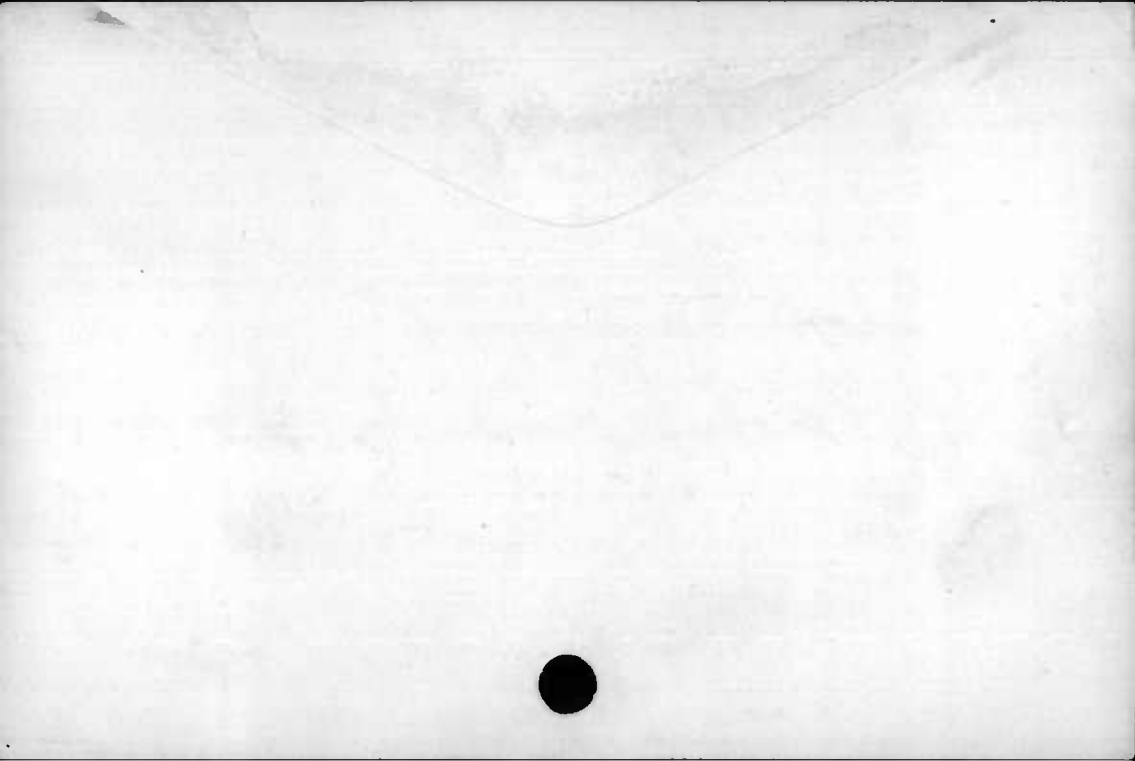
179

PHYSICIAN  
OR CORONER

Primary <i>Unknown</i>	How long —
Immediate "	How long —
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Jas. L. McConica</i>
	Address <i>Trappe</i>
Accident or Suicide?	

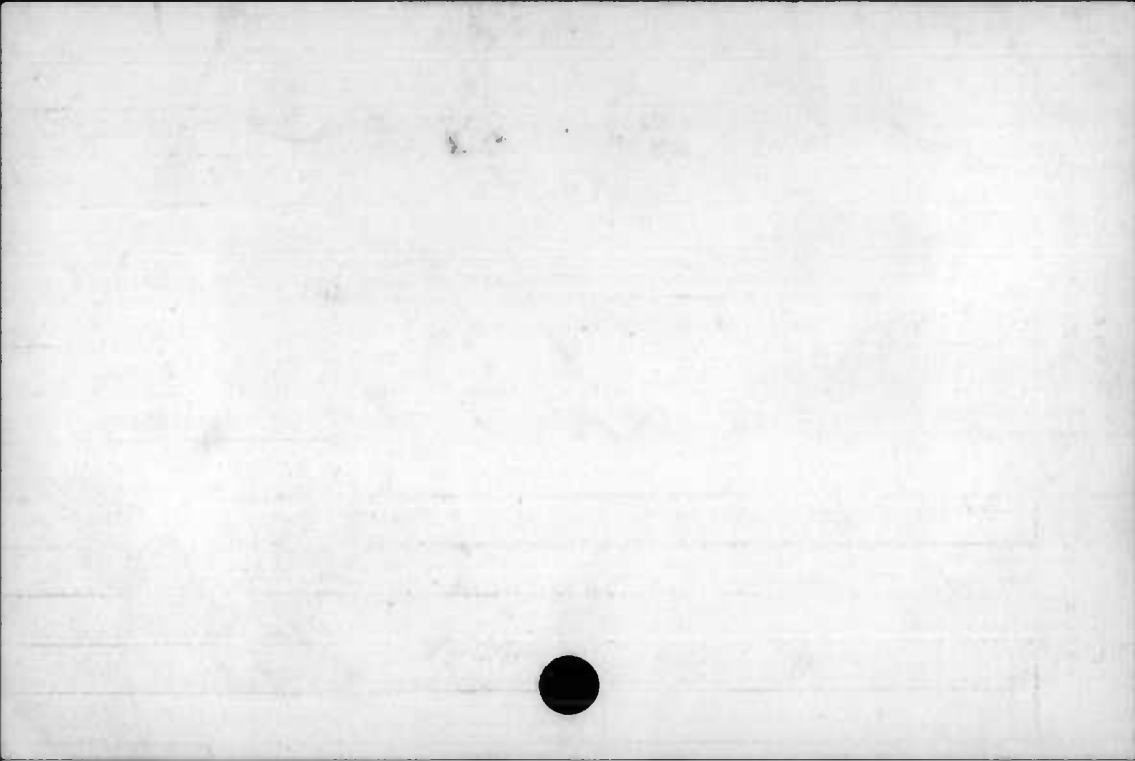


Name in Full		Certificate of Death			
TO BE ANSWERED BY NEAREST FRIEND		Died at <i>Trappe</i>		County <i>Talbot</i>	
		Date of death <i>1908</i>		Age <i>25</i>	
		Month <i>Apr</i>		Day <i>19</i>	
		Sex <i>Female</i>		Color or Race <i>Negro</i>	
		Occupation <i>cook</i>		Birth-place <i>Trappe</i>	
		Married, Single or <del>Widowed</del>		Where Residing if not at place of death <i>Trappe</i>	
		Name of Wife or Husband <i>Addison Green</i>		Father's Birthplace <i>Trappe</i>	
		Father's Name <i>Joseph Chase</i>		Mother's Birthplace <i>Trappe</i>	
Mother's Maiden Name <i>Rebecca Cooper</i>		How related to deceased <i>Husband</i>			
Name of person giving information <i>Addison Green</i>		<div>CAUSES OF DEATH</div> <div>27</div>			
Primary <i>Phthisis</i>					
Immediate <i>Yes</i>		How long <i>3 months</i>			
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>Jas. L. McCormick</i>			
Accident or Suicide?		Address <i>Trappe Md</i>			



Name in Full		Elizabeth Ann Hardin				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at	Easton		Talbot County		MARYLAND	
	Date of death	1908	April	19th	Age	64th	Months
	Sex	Female		Color or Race	White		Birth-place
	Occupation	Housewife		Where Residing if not at place of death		X	
	Married, <del>Single</del> or <del>Widowed</del>	Name of Wife or Husband		Charles, D. Hardin Sr.			
	Father's Name	John D. Pastorfield				Father's Birthplace	md
	Mother's Maiden Name	do not know				Mother's Birthplace	do not know
Name of person giving information	Robert C. Hardin Sr.				How related to deceased	Son	
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary	occlusion of bowels				How long	10 days
	Immediate	Paralysis & Exhaustion				How long	4 days
	Are the name, age, sex, color, date and place correctly given above?		Yes		Signature of Physician	E. R. Zuppe	
					Address	Easton	
	Accident or Suicide?				md		

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Name  
in  
Full

Charles Harris

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Trappe</i> Town		<i>Talbot Co</i> County		. MARYLAND	
Date of death	<i>1908</i>	Month <i>Apr</i>	Day <i>11</i>	Age <i>49</i>	Years <i>49</i>
Sex <i>male</i>	Color or Race <i>Negro</i>		Birth-place <i>Trappe</i>		
Occupation <i>Farm hand</i>	Where Residing if not at place of death <i>Trappe</i>				
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband <i>Amie Brummell</i>				
Father's Name <i>Not known</i>	Father's Birthplace <i>Trappe</i>				
Mother's Maiden Name <i>Mandy Harris</i>	Mother's Birthplace <i>Trappe</i>				
Name of person giving information <i>Edward Payne</i>	How related to deceased <i>Not related</i>				

## CAUSES OF DEATH

120

PHYSICIAN  
OR CORONER

Primary <i>Nephritis</i>	How long
Immediate <i>Uremic Coma</i>	How long <i>6 hours</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Jav. L. McCormick</i>
	Address <i>Trappe</i>
Accident or Suicide? <i>No</i>	<i>md</i>



Name  
in  
Full

Richard. Hunt

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Died at Claiborne

Town

Talbot

County

Date

of death 1908

Month

April

Day

7

Years

78

Age

Months

Days

Sex

male

Color or  
Race

white

Birth-  
place

Talbot Co. Md

Occupation

Laborer

Where Residing if not  
at place of deathMarried, Single  
or Widowed

widowed

Name of Wife or  
Husband

Eliza Hunt.

Father's  
Name

Dawson Hunt

Father's  
Birthplace

Baltimore Md

Mother's  
Maiden Name

Eva Porter

Mother's  
Birthplace

Talbot Co. Md

Name of person giving  
information

Peter D. Hunt

How related  
to deceased

Brother

## CAUSES OF DEATH

79

Primary

Organic Heart Disease

How long

Several months

Immediate

Heart Asthenia

How long

2 weeks

Are the name, age, sex, color, date  
and place correctly given above?

yes

Signature of  
Physician

A. B. Luscoch

Address

St. Michael Md

Accident or Suicide?

PHYSICIAN  
OR CORONER



Name  
in  
Full

William Loring

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died near <i>near</i>		Town <i>Grapple</i>		County <i>Salbot</i>		MARYLAND	
Date of death <i>1908</i>		Month <i>4</i>	Day <i>19</i>	Age <i>80</i>	Years	Months <i>3</i>	Days <i>1</i>
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Scotland</i>			
Occupation <i>Farmer</i>				Where Residing if not at place of death			
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Margaret Courroy</i>					
Father's Name <i>John Loring</i>		Fether's Birthplace <i>Scotland</i>					
Mother's Maiden Name <i>Agnes</i>		Mother's Birthplace <i>Scotland</i>					
Name of person giving information <i>Margaret Loring</i>		How related to deceased <i>wife</i>					

## CAUSES OF DEATH

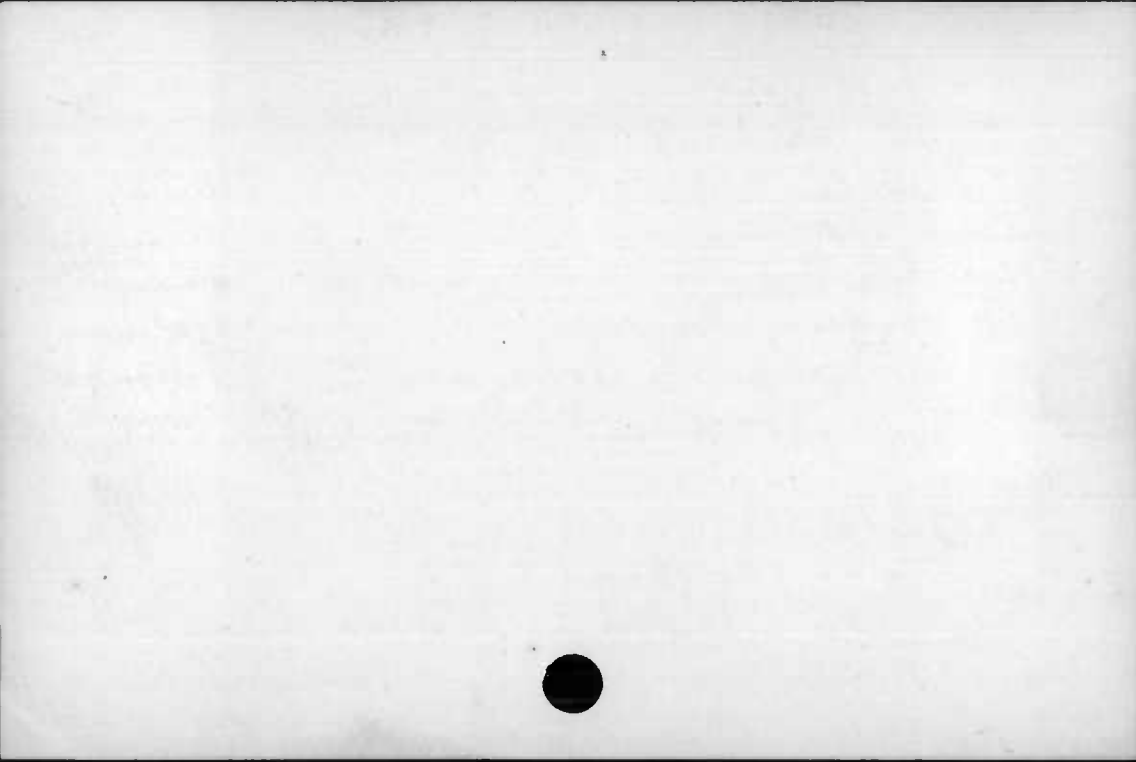
81

PHYSICIAN  
OR CORONER

Primary	<i>Arterio-Sclerosis</i>	How long	<i>Don't know</i>
Immediate	<i>Exhaustion</i>	How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>Joseph A. Ross M.D.</i>	
<i>Yes</i>		Address <i>Grapple Salbot Co. Ind.</i>	
Accident or Suicide?			



Name in Full		Annie M. Mervine				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at		Town St. Michael's		County Baltimore		MARYLAND
	Date of death		1908	Month April	Day 2nd	Age 41	Years 5
	Sex		Female		Color or Race		White
	Occupation		Housewife		Birth- place		Royal Oak Md
			Where Residing if not at place of death				
	Married, Single or Widowed		married		Name of <del>Wife</del> Husband		Harry B. Mervine
	Father's Name		Wm. H. Seymour		Father's Birthplace		Royal Oak Md
	Mother's Maiden Name		Catherine Kilmon		Mother's Birthplace		Royal Oak Md
Name of person giving Information		L. W. Kilmon		How related to deceased		Cousin	
CAUSES OF DEATH							27
PHYSICIAN OR CORONER	Primary		Pulmonary Tuberculosis			How long	Several years
	Immediate		Heart Asthenia			How long	Two weeks
	Are the name, age, sex, color, date and place correctly given above?		yes		Signature of Physician		A. B. Lascock
					Address		St. Michael's Md
	Accident or Suicide?						



Name  
in  
Full

Doreus Louise Miller

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

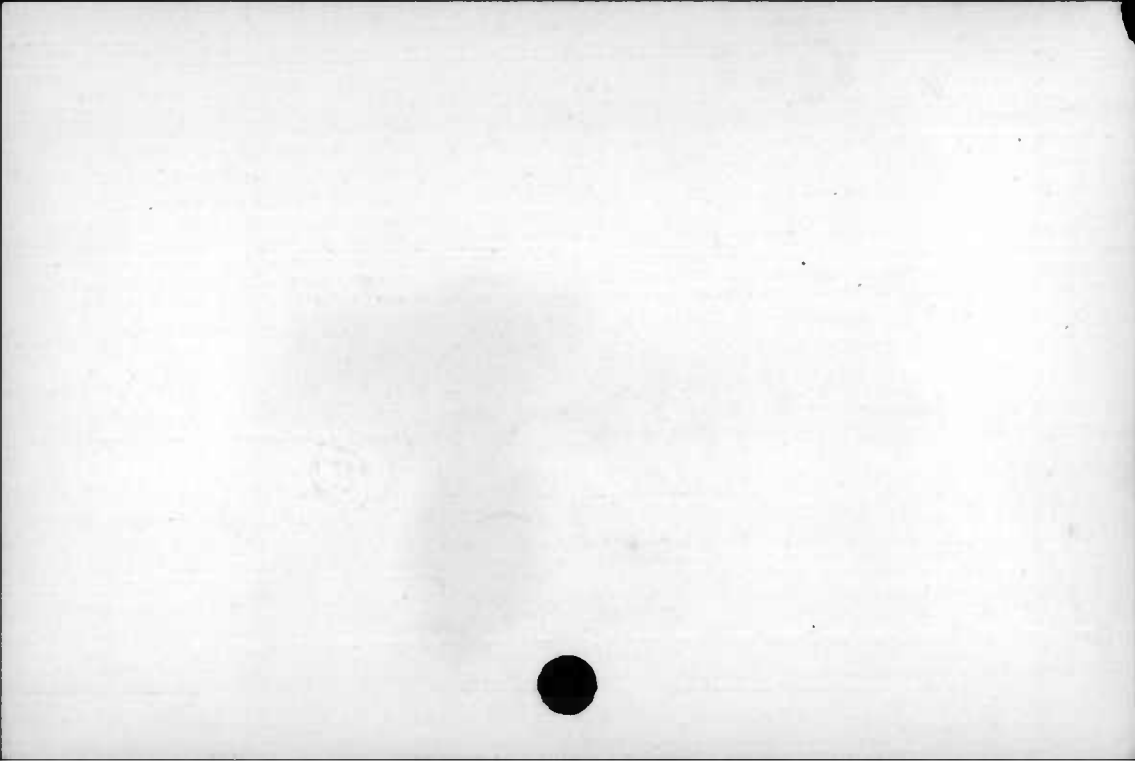
Died at <i>Hittman</i> <sup>Town</sup>		<i>Dalbato</i> <sup>County</sup>		MARYLAND	
Date of death <i>1908</i>	Month <i>ap -</i>	Day <i>9</i>	Age <i>34</i>	Years <i>about -</i>	Months <i>-</i>
Sex <i>Female</i>	Color or Race <i>Black</i>		Birth-place <i>Hittman</i>		
Occupation <i>None</i>		Where Residing If not at place of death <i>11</i>			
Married, Single or Widowed <i>Widow</i>	Name of Wife or Husband <i>Cornelius Jones</i>				
Father's Name <i>Asbury Miller</i>	Father's Birthplace <i>Hittman</i>				
Mother's Maiden Name <i>Margaret Johnson</i>	Mother's Birthplace <i>Hittman</i>				
Name of person giving information <i>Joseph Miller</i>		How related to deceased <i>Brother</i>			

## CAUSES OF DEATH

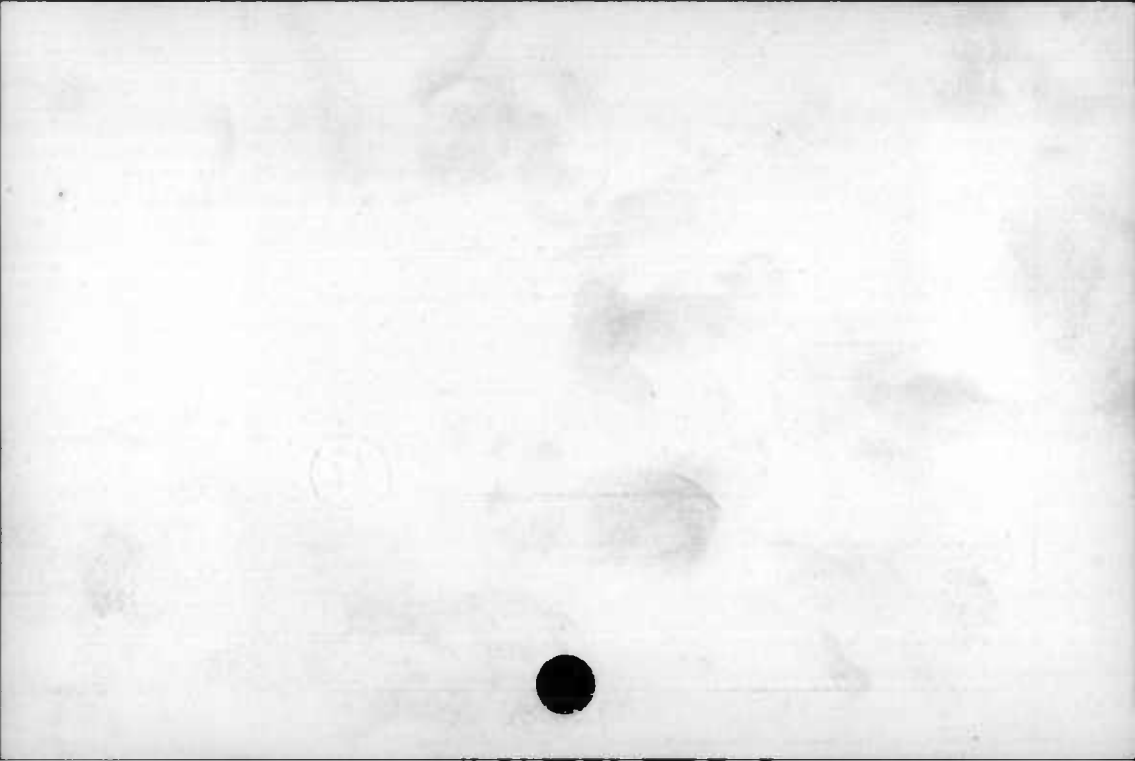
27

PHYSICIAN  
OR CORONER

Primary <i>Phthisis Pulmonalis</i>	How long <i>Over one yr.</i>
Immediate <i>Nothencia</i>	How long <i>-</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>J. Kennedy Wilson</i>
<i>J</i>	Address <i>Dalbato, Md</i>
Accident or Suicide? <i>No -</i>	



Name in Full		Elyasato Morrey				CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND	Died at	Mar Eastern		Talbot		MARYLAND		
	Date of death	1908	April	14	Age	0	Months 1 Days 0	
	Sex	Female		Color or Race	Colored		Birth-place	Ind
	Occupation	None			Where Residing if not at place of death	X		
	Married, Single or Widowed	Single		Name of Wife or Husband	X			
	Father's Name	Don't Know				Father's Birthplace	X	
	Mother's Maiden Name	Lulu Morrey				Mother's Birthplace	Ind	
Name of person giving information	James Finney				How related to deceased	Grandfather in law		
<div style="text-align: center;">CAUSES OF DEATH</div> <div style="text-align: center;">(9)</div>								
PHYSICIAN OR CORONER	Primary	Croup				How long	1 few hours	
	Immediate	Exhaustion				How long		
	Are the name, age, sex, color, date and place correctly given above?	Yes				Signature of Physician	No Physician	
	Address					E. R. Zippel H. O.		
Accident or Suicide? <input checked="" type="checkbox"/>								



Name  
in  
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death		Month	Day	Years	Months	Days	
1902		April	7	26			
Sex	Female	Color or Race	Colored	Birth-place	Md		
Occupation	Housewife			Where Residing if not at place of death			
Married, Single or Widowed	Married			Name of Wife or Husband	Albert F. Fumrose		
Father's Name	Not known			Father's Birthplace	Not known		
Mother's Maiden Name	Not known			Mother's Birthplace	"		
Name of person giving information	Alga Smith			How related to deceased	Not related		

PHYSICIAN  
OR CORONER

CAUSES OF DEATH

79

Primary	Cardiac hypertrophy and valvular disease -	How long	Not known
Immediate	Exhaustion	How long	Not known
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	J. J. Foss
Yes		Address	Cordora Md
Accident or Suicide?			



Name  
in  
Full

Thos. Edward Richardson

## CERTIFICATE OF DEATH

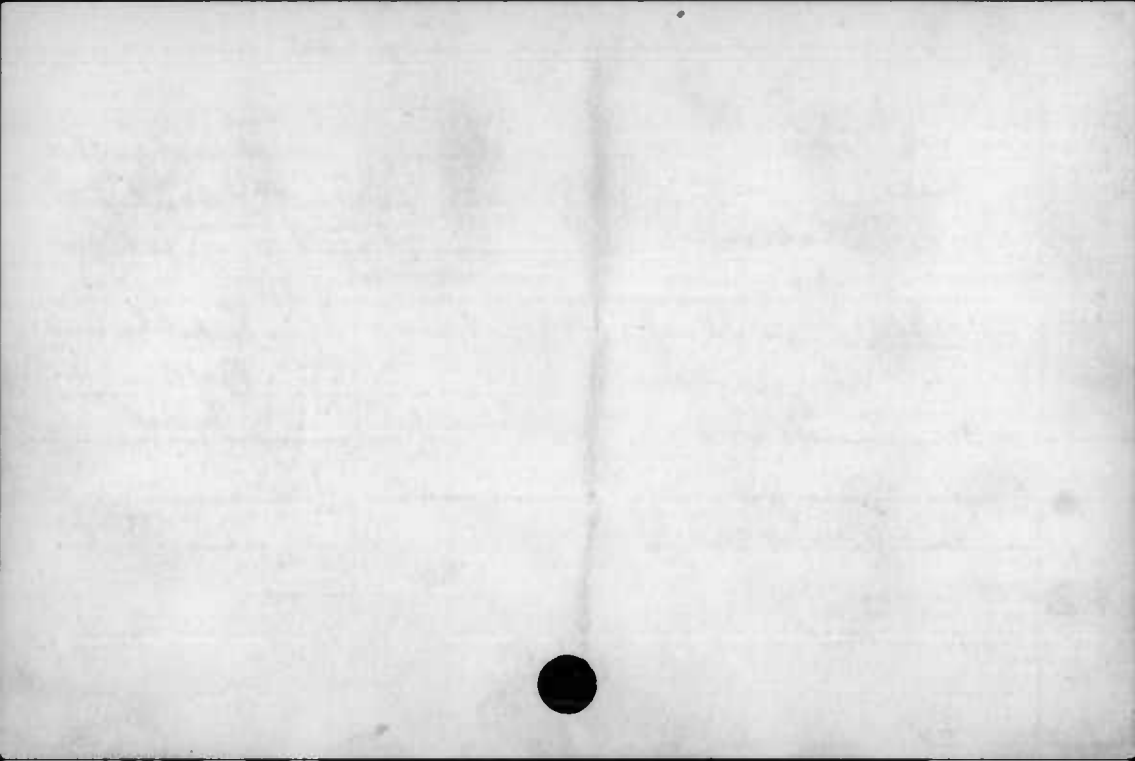
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Tilyman</i> <sup>Town</sup>		<i>Salisbury</i> <sup>County</sup>		MARYLAND	
Date of death	<i>1908</i>	Month	<i>Apr</i>	Day	<i>4</i>
Age		Years		Months	Days
<i>14</i>		<i>—</i>		<i>—</i>	<i>14</i>
Sex	<i>Male</i>	Color or Race	<i>White</i>		Birth-place
<i>Tilyman</i>		<i>4</i>			
Occupation		Where Residing if not at place of death			
<i>—</i>		<i>—</i>			
Married, Single or Widowed		Name of Wife or Husband			
<i>—</i>		<i>—</i>			
Father's Name	<i>Warfield McBain Richardson</i>			Father's Birthplace	<i>Tilyman</i>
Mother's Maiden Name	<i>Ellen Agnes Pritchett</i>			Mother's Birthplace	<i>Dorchester Co</i>
Name of person giving information	<i>Warfield Richardson</i>			How related to deceased	<i>Father</i>

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Congestion of lungs</i>	How long	<i>(95)</i>
Immediate		How long	<i>2 days</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
<i>Yes</i>		<i>S. K. Nelson</i>	
		Address	
		<i>Tilyman</i>	
Accident or Suicide?			
<i>No</i>		<i>Ind</i>	



Name  
in  
Full

Tulghman Alexander Slaughter

## CERTIFICATE OF DEATH

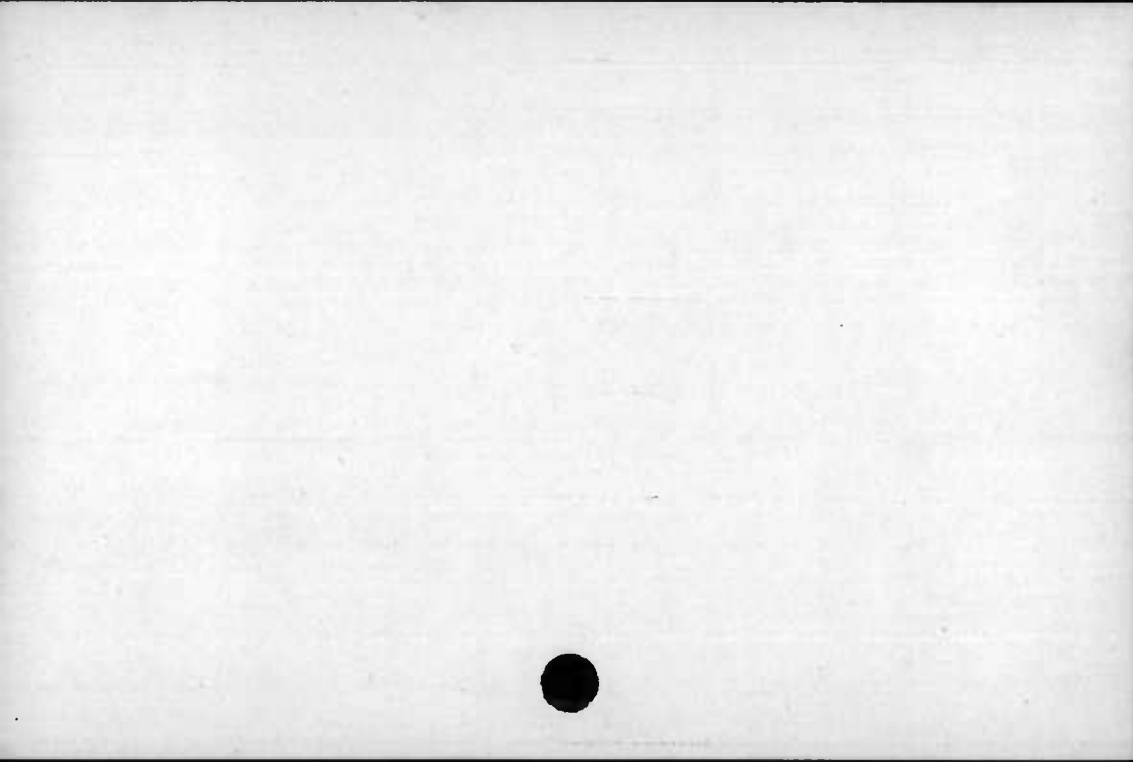
MARYLAND

Died <i>near</i>		Town <i>Trappe</i>		County <i>Talbot</i>			
Date of death <i>1908</i>	Month <i>4</i>	Day <i>14</i>	Age <i>20</i>	Years	Months <i>10</i>	Days <i>19-</i>	
Sex <i>Male</i>	Color or Race <i>Negro</i>		Birth-place <i>Talbot Co Md</i>				
Occupation <i>Farm Laborer</i>			Where Residing if not at place of death				
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband					
Father's Name <i>Tulghman Slaughter Jr.</i>			Father's Birthplace <i>Talbot Co Md</i>				
Mother's Maiden Name <i>Annie Hudson</i>			Mother's Birthplace <i>Baltimore Md</i>				
Name of person giving information <i>Tulghman Slaughter Jr.</i>			How related to deceased <i>Father</i>				

## CAUSES OF DEATH

(93)

PHYSICIAN OR CORONER	Primary	<i>Acute Lobar Pneumonia</i>	How long	<i>7 days -</i>
	Immediate	<i>Heart Failure.</i>	How long	<i>12 hours</i>
	Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>Joseph A Ross M.D.</i>	
	<i>Yes</i>		Address <i>Trappe, Md</i>	
	Accident or Suicide?			



Name  
in  
Full

Loren Tyler

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
1908		Apr	5	80			
Sex	male	Color or Race	Black		Birth-place	Dachshville	
Occupation	Laborer			Where Residing if not at place of death			
Married, Single or Widowed	widowed		Name of Wife or Husband		do not know		
Father's Name	do not know				Father's Birthplace	Dachshville	
Mother's Maiden Name	do not know				Mother's Birthplace	don't know	
Name of person giving information	Griff Turner				How related to deceased	son	

## CAUSES OF DEATH

79

PHYSICIAN  
OR CORONER

Primary	old age	How long	—
Immediate	Heart trouble + DWY	How long	Several months
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	E. R. Trappe
		Address	Eaton
			Med
Accident or Suicide?			

1 1 1 1 1 1



Name  
in  
Full

James Lewis Walker

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Died at Eustown TownTalbot CountyDate of death 1905 Apr Month

Day

Age

Years

Months

Days

Sex

MaleColor or  
RaceWhiteBirth-  
placeDorchester Co., Md

Occupation

MerchantWhere Residing If not  
at place of deathMarried, Single  
or WidowedMarriedName of Wife or  
HusbandAllie HubbardFather's  
NameRobert WalkerFather's  
BirthplaceDorchester Co., MdMother's  
Maiden NameElizabeth MarshallMother's  
BirthplaceDorchester Co., MdName of person giving  
InformationAllie WalkerHow related  
to deceasedWife

## CAUSES OF DEATH

64PHYSICIAN  
OR CORONER

Primary

Cerebral Effusions - Paralysis

How long

6 mos

Immediate

Heart Failure

How long

24 hoursAre the name, age, sex, color, date  
and place correctly given above?Signature of  
Physician

Address

Eustown, Md.

Accident or Suicide?



Name  
in  
Full

Eliza Jane Wilson

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Exeter</u> Town		<u>Talent</u> County		MARYLAND	
Date of death	190 <u>8</u> Month <u>Apr</u>	Day <u>13</u>	Age <u>42</u> Years	Months	Days
Sex <u>Female</u>	Color or Race <u>Blk</u>	Birth-place <u>Blk</u>			
Occupation <u>housewife</u>		Where Residing if not at place of death <u>—</u>			
Married, Single or Widowed <u>Married</u>	Name of Wife or Husband <u>Robert Wilson</u>				
Father's Name <u>not known</u>	Father's Birthplace <u>unknown</u>		Mother's Birthplace <u>unknown</u>		
Mother's Maiden Name <u>not known</u>	How related to deceased <u>Son</u>				
Name of person giving information <u>Howard Wilson</u>					

CAUSES OF DEATH

33

PHYSICIAN  
OR CORONER

Primary <u>Tuberculosis (Bladder)</u>	How long <u>2 years</u>
Immediate <u>Fever</u>	How long <u>2 mos</u>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <u>J. B. Herriott</u>
<u>Q</u>	Address <u>Exeter</u>
Accident or Suicide?	

